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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37069

(4)

1. Corporation Name

UNIVERSAL MOVEMENT, INC.



Principal Place of Business

Mailing Address

% MARY JO SCANIO
1115 N. DALE MABRY HWY.
TAMPA FL 33618
US

1115 N DALE MABRY HWY.
TAMPA FL 33618
US

3. Date Incorporated or Qualified

03/14/1990

4. FEI Number

65-0204747

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCANIO, MARY JO
1115 N DALE MABRY HWY
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SCANIO, MARY JO
STREET ADDRESS 1115 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS SCANIO, MARY JO
1.4 CITY-ST-ZIP 1115 N. DALE MABRY HWY.
TAMPA FL

TITLE ☐ DELETE
NAME GEIGER, RICHARD L.
STREET ADDRESS 6841 MITCHELL CIRCLE
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME T M J
2.3 STREET ADDRESS GEIGER, RICHARD L.
2.4 CITY-ST-ZIP 6841 MITCHELL CIRCLE
TAMPA FL

TITLE ☐ DELETE
NAME ECENIA, TANDOVA
STREET ADDRESS 6010 N. ARMENIA
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME T M J
3.3 STREET ADDRESS ECENIA, TANDOVA
3.4 CITY-ST-ZIP 6010 N. ARMENIA
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)